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ABSTRACT

Objectives, priorities, and program quality guidelines which have been developed as a result of knowledge gained from grant experience since 1966, changed societal conditions, and altered expectations of funding resources, and which are designed to guide the Continuing Education Branch of the National Institute of Mental Health in its allocation of funds are presented. The Continuing Education Branch is part of the Division of Manpower and Training Programs, and its broad objectives concern the continuing education and development of mental health personnel. A modified version of grant application instructions is included as a guide for potential grant applicants, for rough draft proposals or for local use in program planning. (CL)

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Health Services and Mental Health Administration
National Institute of Mental Health
Division of Manpower and Training Programs

CONTINUING EDUCATION GRANTS PROGRAM

Objectives, Priorities, and Guidelines

Background

The Continuing Education Branch, Division of Manpower and Training Programs, National Institute of Mental Health, was established in 1966 with the following broad objectives:

(1) To increase the effectiveness of existing mental health manpower of all types wherever they may work.

(2) To make continuing education and staff development a built-in component of service, training, and research programs in all mental health settings.

(3) To meet the immediate and urgent need for successful implementation of the Community Mental Health Centers program so far as effective utilization of manpower is concerned.

(4) To foster the development and evaluation of continuing education as a type of education (i.e., make it a much stronger component of the mental health educational programs within universities, training centers and service agencies).

During its first four years the Branch has supported a wide variety of projects for the continuing education of physicians, behavioral scientists, nurses, social workers, ~~clergy~~ --, teachers, aides, citizen leaders and others in related professional and allied roles.

As a result of the knowledge gained from grant experience since 1966, changed societal conditions, and altered expectations of funding resources, the following objectives, priorities and program quality guidelines have been developed to guide the Branch in its allocation of funds.

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Priorities (Societal and Federal)

One criterion by which grant proposals are judged is their relevance to pressing societal needs and problems, and more specifically, their direct relevance to the priority goals of the Department of Health, Education, and Welfare, the Health Services and Mental Health Administration, the National Institute of Mental Health, and the Division of Manpower and Training. A list of current priorities of these agencies is attached. A condensed list for purposes of the Continuing Education Branch is as follows:

1. Improvement in the systems for delivery of mental health services, curative and preventive, comprehensive and community based.

2. Solve problems of geographic need where specialized resources are relatively absent. Improvement of balance and distribution of existing manpower resources and their effective utilization.

3. Improvement of child mental health, family life, family planning and nutrition.

4. Reduction of violence and delinquency.

5. Reduction of drug abuse, alcoholism and suicide.

6. Elimination of poverty, urban and rural.

7. Improvement of available manpower and work opportunities in human services. Training and integration of additional paraprofessionals and new careerists into mental health occupations.

8. Raise the standards of living and scope and quality of civic participation of disadvantaged populations, such as ethnic minority groups, the aged, children and youth, the illiterate, the poor, the physically handicapped, etc.

9. Reduction of the stresses of civilization which contribute to mental illness, and the improvement of the capabilities of citizens to cope with these stresses.

Instrumental Objectives

A second criterion that will be applied to program proposals will be their contribution to the future development of the instrumental means by which continuing education programs in mental health may foster the societal priorities. The following objectives represent a strategy of nationwide program development, given the present state of mental health services, manpower and continuing education resources:

1. The development of continuing education programs integral to mental health plans and systems for delivery of mental health services. The quality of mental health services delivered to those who need them is in the last analysis dependent upon the competence of the mental health workers in a given geographic area, including planners, administrators, educators, practitioners, scientific investigators, and citizen consumer representatives. The Branch will therefore support activities designed to develop and test effective approaches to the improvement of the competencies of workers and effectiveness of organizations at the following levels:

   --Local community mental health center catchment areas.

   --Urban programs designed to reach disadvantaged populations and other populations at risk.

   --Rural or small town areas.

   --State programs.

2. Increased knowledge and involvement in matters of manpower development on the part of key decision makers. More enlightened decision making and support for human resource development, including continuing education, is crucial to the expansion, improvement and efficiency of mental health training and services. The Branch will support continuing education opportunities designed to increase the manpower development capabilities of two target populations.

   --Administrators of mental health services and/or training: in mental health agencies, colleges, professional schools and allied service agencies (health, education, welfare and legal).

   --Key policy makers such as legislators, trustees, county officials and board members, particularly those of funding agencies and those who can foster informed popular support for mental health manpower and services.

3. The development of continuing education specialists for the mental health field.

   --Mobilize the expertise of continuing education leaders from outside the mental health field for mental health continuing education programs in the light of advances in adult education, educational technology, management development, etc.

   --Enhance the development of existing program directors in mental health continuing education.

   --Provide for the recruitment and intensive training of future leaders for mental health continuing education.

4. National and regional organizational efforts for the development of continuing education in mental health. The programs and services of national and regional organizations, including governmental agencies, voluntary organizations, professional associations and service groups, are potentially potent resources for fostering mental health education and services. The Branch will support programs designed to mobilize these resources and to coordinate their efforts in behalf of continuing education in mental health.

Program Quality Guidelines

A third criterion that is given weight in assessing proposals is their congruence with the following standards of program quality:

1. The sponsoring organization:

   --Gives evidence of administrative competence (including adequate experience, size, and quality of administrative staff) and has a record of responsible business management and grants administration or the capacity to develop such a record.

   --Conveys commitment to continuing education and to the objectives of the grant program.

   --Demonstrates the capability to carry out the intent of the grant.

   --Exhibits the existence of the potential for the development of appropriate collaboration between departments within the organization and between the organization and the community.

2. Scope and innovative significance:

   --The project has a broader scope of program development than a single event (e.g., course, institute, workshop or conference).

   --The project will foster the development of new skills for mental health workers, such as the use of multimedia approaches, community consultation, milieu therapy, conjoint family help, organizational change, collaborative work with new types of mental health personnel, etc.

   --The project will test innovative learning-teaching techniques and materials, such as simulation, computer assisted instruction, new types of laboratory training, programmed learning, peer-help learning, etc.

   --The project will reflect the use of existing concepts or will test newly developed hypotheses.

   --Specific plans are presented for the diffusion of the findings of the project as appropriate.

3. Program planning:

--An organizational structure (e.g., planning committee, advisory council, task force) exists which (1) reflects the participation, in appropriate ways, of the major populations with a stake in the project (e.g., trustees, administrators, faculty, consumers, community agencies, related disciplines, professional associations), and (2) has an active responsibility in the planning, operation and evaluation aspects of the project.

--Systematic procedures are provided for assessing the needs of the potential participants and their organizations for continuing education.

--The objectives of the program are specified in clear and measurable terms so as to facilitate their evaluation. A distinction is made between overall program objectives and immediate educational objectives for specific courses.

--The design of the program reflects the lessons learned by past experience. Continuity in planning and evaluation occur in cyclical fashion so that program undergoes evolution.

4. Educational content and methodology:

--The proposed content and methods are consistent with the educational objectives and are realistic for the actual faculty and trainees.

--The proposed learning experiences are consistent with sound principles of adult education, concepts of mental health, and available educational technology.

--The design of the project makes provision for the transfer of behavioral change from the learning situation to the work situation.

--The design assures educational outcome, not primarily therapy or consultation service.

5. Relationship with other programs and resources:

--The project makes use of or contributes to relevant community resources and facilities for mental health education and mental health services as appropriate.

--The project is appropriately related to state and regional plans for mental health services, manpower development, and continuing education. The project director is well informed regarding existing plans and has contacted relevant authorities and resources.

--The project is geared to the current priorities, levels of service, resources, and capabilities of the particular region in which it is located.

6. Cost effectiveness:

--The cost of the program is reasonably related to the number of trainees and potential innovative contribution to mental health concepts and practice. (The higher the cost per trainee, the greater the premium on highly selected trainees with planned impact through their "spread effect.")

--Plans for the project include provision for maximum utilization of funds from multiple sources, especially for the continuation of demonstrated successes.

--There is a sound economic plan, preferably leading to a self-sustaining program (e.g., program growth without increasing grant funds or program continuation with a decrease in or elimination of grant funds).

7. Participants (students):

--Participants are to be: (1) Selected consistent with explicit manpower development strategy. (2) Selected on basis of evidence as to desire to understand and solve problems related to their work and own career development work and own career development as compared to secondary motives, such as vacation or therapy.

--Participants will be actively involved in all phases of the program, from planning through evaluation.

8. Evaluation and research:

--Provision is made for evaluating the behavioral changes in the participants in the light of the educational objectives of the specific course.

--Provision is made for evaluating the impact of the program in the light of the societal objectives it proposed to achieve.

--Provision is made wherever possible for some contribution to research knowledge or methodology in continuing education and for increasing the research competence of continuing education personnel. (Continuing education grants cannot be primarily for basic research, but priority would be given to a continuing education project in which relevant research is being conducted, usually with other sources of support).

Who May Apply

Applications for funds to support continuing education programs in mental health may be made by any public or private nonprofit institution (e.g., college or university, community mental health center, hospital, clinic, professional organization, or state or community agency).

How and When to Apply

Closing dates for filing Continuing Education Grant applications are September 1 and April 1. Potential applicants are encouraged to submit a preliminary draft proposal for informal reaction of the Branch staff prior to making formal application.

For further details write to:

Chief, Continuing Education Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Lists of Content Priority Goals of Federal Agencies, 1970-71

1. Department of Health, Education, and Welfare

   a. Violence, Delinquency, Law and Order
   b. Hunger and Malnutrition
   c. Model Cities and Neighborhood Centers
   d. Family Planning
   e. Coordinated Services for the Aged
   f. Center City (Ghetto Problems)
   g. Motivating People to Work
   h. Rural Proverty

2. Health Services and Mental Health Administration

   a. Integration and consolidation of HSMHA programs serving children during first five years of life.
   b. Strengthening migrant health care services.
   c. Training community health representatives to provide mental health and other services to American Indians and Alaskan natives--whose particular emphasis is on the first five years of life.
   d. Developing experimental health delivery systems.
   e. Developing experimental health delivery systems
   f. Increasing the number of minority group persons employed in middle- and upper-level positions throughout HSMHA.
   g. Improving quality of family planning services to women who otherwise could not obtain such services.
   h. Developing drug abuse education and treatment programs through community mental health centers and other programs.
   i. Increasing the authority and responsibility of Regional Health Directors in relation to health services.
   j. Increasing immunization levels in relation to infectious childhood diseases and preventing the spread of other diseases.

3. National Institute of Mental Health

   a. Program related to Community Mental Health Services.
   b. Children's Services.
   c. Proverty areas, urban and rural. Minority groups.
   d. Drugs and Narcotic Addiction.
   e. Alcoholism.
   f. Suicide Prevention.

4. Division of Manpower and Training Programs

a. Preparation of personnel for work in community mental health programs.
b. Focus on critical and long-neglected mental health programs.
c. Training of sub- and non professional personnel.
d. Recruitment and training of minority group mental health personnel.
e. Training of personnel for appropriate utilization of nonprofessional mental health workers.
f. Shortening the duration of training programs for mental health workers.

CHECKLIST OF CRITERIA FOR CONTINUING EDUCATION GRANTS

Societal Priorities

Improvement in the systems for delivery of mental health services, curative and preventive, comprehensive and community based.

Solve problems of geographic need where specialized resources are relatively absent. Improvement of balance and distribution of existing manpower resources and their effective utilization.

Improvement of child mental health, family life, and family planning and nutrition.

Reduction of violence and delinquency.

Reduction of drug abuse, alcoholism and suicide.

Elimination of poverty, urban and rural.

Improvement of available manpower and work opportunities in human participation of disadvantaged populations, such as ethnic minority groups, the aged, children and youth, the illiterate, the poor, the physically handicapped, etc.

Reduction of the stresses of civilization which contribute to mental illness and the improvement of the capabilities of citizens to cope with these stresses.

Instrumental Objectives

The development of continuing education programs integral to mental health plans and systems for delivery of mental health services.

Increased knowledge and involvement in matters of manpower development on the part of key decision makers.

The development of continuing education specialists for the mental health field.

National and regional organizational efforts for the development of continuing education in mental health.

Program Quality Guidelines

The sponsoring organization

Scope and innovative significance

Program planning

Educational content and methodology

Relationship with other programs and resources

Cost effectiveness

Participants (students)

Evaluation and research

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Continuing Education Branch
Division of Manpower & Training
National Institute of Mental Health
Health Services and Mental Health Administration
Department of Health, Education and Welfare

CONTINUING EDUCATION IN MENTAL HEALTH

Guide For Program Planning and Grant Project Proposals*

I. Description of Training Program or Project:

(a) Historic background and developments leading to the proposal, e.g., nature of sponsoring institution or agency, or persons or division responsible for continuing education, previous continuing education activities, relevant needs and resources for continuing education in geographic and subject areas, participation by other agencies, professional associations or employee groups engaged in planning present proposal, relation of continuing education proposal to State or community mental health plans.

(b) Students. Basis for decision as to which types of students will be given highest priority in your continuing education efforts. Nature of student or consumer involvement in planning educational program. Type(s) of students and estimated number to be taught. If multidisciplinary approximate number of each type. Nature and approximate number of all potential students (i.e., universe from which actual students will be drawn), plans for recruiting and selecting students, evidence of expressed interest by potential students, plans for follow-up and diversification of education according to different student backgrounds and needs.

(c) Objectives. Describe briefly the goal-setting process as well as objectives arrived at, e.g., what information and perspectives were considered, what persons or groups participated in defining the objectives and setting priorities. General objectives include overall continuing education objectives, e.g., to help prepare staff for a developing community mental health program, to increase the effectiveness of physicians or clergy in dealing with the mental health aspects of their practices, to meet a high priority manpower need in child mental health, etc. Specific objectives, preferably stated in terms of measurable knowledge, demonstrable skills or behavioral change, should be tailored to specified needs of trainee target groups and mental health service priorities, e.g., to change specific behavior of public health nurses in Smith County for helping families cope with crises in which a parent has a terminal illness. Specific objectives may also be stated in terms of measurable changes in patients or in mental health indices of the population served by the trainees, e.g., reduction in the rate of arrests for alcoholism in the population served by trainees.

*This outline is a brief modified version of grant application instructions designed as a guide for potential grant applicants, for rough draft proposals or simply for local use in program planning.

(d) Methods and Content. Describe methods to be used in each training activity. Indicate rationale for choice of methods as they pertain to specific training objectives, content, available faculty and learning process. Describe the time sequence and total course hours for each training activity. Include a breakdown as to hours per day, days per month, etc., and relate the duration to the content and objectives. Describe the specific content to be included in the proposed program and indicate the relation of the content to the objectives.

(e) Available data and future plans for analysis of program development and evaluation of education. Describe any plans for teacher training and critique.

II. Budget items. Give sufficient budget breakdown or formulae used in calculations to make nature of budget clear. List figures in two columns: current year and first year of proposed grant support.

(a) Total Budget of Department, Agency or School (exclusive of PHS Grants)

1. Total Budget
2. Estimate of that part of the total budget which is for continuing education.
3. Estimate of that part of the budget which comes from continuing education student registration fees.
4. Estimate of total direct or indirect employer's contribution to the continuing education program in the form of time off, travel, registration fees, etc.

(b) Project budget:

1. NIMH support contemplated for the initial budget period (usually 12 months).
2. NIMH support contemplated for the proposed project period (the maximum period for which support may be requested for a new grant is 5 years).

III. Key staff in Continuing Education.

(a) Personnel and their approximate hours per week or year already devoted to continuing education.

(b) Personnel and their approximate hours per week or per year in proposed project:

Beginning with the program director list names and qualifications of key personnel in the project regardless of expected source of support. For unnamed positions list type of personnel desired.

The above outline is meant to suggest comprehensive program planning but not necessarily extensive NIMH grant support. Contributions from students and employers may most easily be gained for support of direct teaching activities. NIMH support may be most strongly indicated for support of program planning and program administration which the sponsoring institution cannot yet provide. Nonetheless, NIMH support may be requested for any phase of the continuing education program as indicated by local circumstances.

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